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FEC FORM 1

ORGANIZATION

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	The state of the s
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ADDRESS (number and street)	350, 5, Fi	queroa street	# 190	
(Check if address is changed)				
	495 Angel	es	CA 9007 STATE ▲	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS.			
(Check if address is changed)	Jahnson Q.L	os Law. Com		
COMMITTEE'S WEB PAGE AD (Check if address is changed) 2. DATE	MONE 2015		Note: 0	nly Name amendal.
 FEC IDENTIFICATION N IS THIS STATEMENT 	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the be	est of my knowledge and belief it	is true, correct and comple	ite.
Type or Print Name of Treasure	er William	Johnson		
Signature of Treasurer	4		Date 12 2,1	2015
NOTE: Submission of false, error		on may subject the person signing the MATION SHOULD BE REPORTED W		s of 52 U.S.C. §30109.
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